

2021 Community **Police Academy**

The purpose is not to train you as a police officer, but to give you insight into how and why the Harrisonburg Police Department serves the community.

Applications Due By: Sunday, May 16, 2021 Academy Start Date: Tuesday, June 1, 2021 Academy End Date: Tuesday, July 27, 2021

Classes will be held every Tuesday from 6:00PM to 9:00PM at the Public Safety Building located at 101 N. Main St.

Contact:

Officer M. Quesenberry, Community Resource Officer Email: melissa.quesenberry@harrisonburgva.gov

Phone: (540) 432-7785

Applicants must be at least 18 years of age. Applicants also must be able to attend, at minimum, 75% of classes. The following 5 pages will need to be completed in their entirety. Incomplete or unsigned applications will not be considered. Please print legibly.

When completed, please send the pages either by mail or email. The addresses are listed below:

By mail:

Harrisonburg Police Department Attn: M. Quesenberry - CPA 101 N. Main St Harrisonburg, VA 22802

Or by email as a PDF:

melissa.quesenberry@harrisonburgva.gov

Thank you for applying. We are excited to meet you and share our profession with you! We will contact you once we have finished going through all applications to let you know if you will be able to attend this year's Community Police Academy. Due to **COVID**, we will be limiting the total number to 15 participants.

^{**}Applications in other languages are available upon request!**

Initials:	
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HARRISONBURG POLICE DEPARTMENT Community Police Academy Application

Read the following statement and sign below:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing application. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Harrisonburg Police Department's Community Police Academy. I further understand that the Harrisonburg Police Department will be conducting a thorough background investigation that may include, but is not limited to, any criminal history, employment history, and personal/public references. I give permission to the Harrisonburg Police Department to obtain my fingerprints voluntarily to be submitted to the Virginia State Police as part of the background check and ability to participate in a ride-along with a patrol officer.

Applicant Print Name	Signature	Date
Name:		
Last	First	Middle
Social Security Number:	Date	of Birth:
Address:		
Email:		
Contact Phone Number:		
Are you a resident of the City of Harrison	ourg?	How Long?
Employment:		
Occupation:	Но	ow Long?
Name of Supervisor:	Ph	one:
Do you have a valid Driver's License?	Which s	state?
High School attended:	College:	
Do you have any medical conditions that i	night affect your abili	ty to participate?
Yes No		

	Initials:
If yes, please explain:	
Have you ever been charged , arrested , or convicted Circle one: Yes or No	of any criminal or traffic offenses?
If yes, please explain including dates, charges, location	on(s), and the disposition of the court:
List two personal references that are not related to you 1. Name:	u:
2. Name:	Phone:
List two previous employers: 1	Phone
2	
In the space below give a brief explanation of why HPD Community Police Academy:	

Initials:	

Please answer	the	following	questions:
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1.	Can you make the commitment to attend all classes for the Community Police Academy? (minimum class attendance is 75% for graduation)
2.	What is the extent of your community involvement?
3.	Have you had any contact with the Harrisonburg Police Department? If so, please describe below:
4.	What do you specifically expect to learn from this experience?
5.	List any clubs, groups, or organizations that you are associated with.
6.	Please write your name, as you would like it to appear on your graduation certificate if you are selected for this academy.
7.	Please write your name, as you would like it to appear on your <u>nametag</u> for class if you are selected for this academy.

Initials:	
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Harrisonburg Police Department Community Police Academy Release and Waiver

Release and Waiver
Know all people by these present, that I,
It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the police department during training with the Community Police Academy.

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the police department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

Signature	Date

Initials:	
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HARRISONBURG POLICE DEPARTMENT Community Police Academy RULES AND INSTRUCTIONS

- 1. Participants in the Community Police Academy must be at least 18 years of age.
- 2. The Community Police Academy shall not interfere with the routine operations of the Police Department.
- 3. Participants are expected to dress in proper attire. Casual dress is permissible; however, shorts, tee shirts and frayed jeans are not acceptable.
- 4. Participants are expected to attend <u>75% of all classes</u>. This is a <u>requirement</u> to successfully complete the Academy.
- 5. Participants are required to complete a 6-hour ride-along during the Academy in addition to the regularly scheduled classes.
- 6. During participation in the classroom and operational activities, participants must follow all instructions given by the host police personnel.
- 7. No smoking or use of any tobacco products will be allowed within the Police Department building, or while riding in police vehicles.
- 8. Participants will follow all instructions of Police Firearms Instructors when participating in firing range activities.
- 9. During the Academy, certain classes will require your physical participation (i.e. firearms training, scenario role playing, etc.) If, for any reason, you cannot participate or desire not to participate, do not hesitate to advise the instructor or any staff member and we will attempt to plan to meet your needs.
- 10. No personal firearms or weapons are permitted at any time during the Harrisonburg Police Department's Community Police Academy including classroom instruction, practical exercises and ride-alongs.
- 11. All confidential information that the CPA participant may be subject to shall not be used in any manner outside of the Harrisonburg Police Department.
- 12. CPA participants will have their fingerprints taken by HPD personnel and submitted to the Virginia State Police as part of the background check and ability to complete a ridealong.

<u>Please sign below.</u> This lets us know that you rea	d and understand the rules/expectations	
above.		
Signature	Date	